



COMMONWEALTH OF MASSACHUSETTS -- OFFICE OF THE STATE COMPTROLLER
INTERDEPARTMENTAL SERVICE AGREEMENT (ISA) AUTHORIZATION FORM

BUDGET FY: _____

DOC ID: _____

Trans _____ Buyer Dept _____ Buyer ORG # _____ Seller Dept _____ Seller Acct Last 4 Digits _____

BUYER DEPARTMENT:

ISA CONTACT PERSON: _____

PHONE: _____

ACTION: _____

____ NEW
____ AMENDMENT
____ OTHER: _____

____ Increase
____ decrease
____ change account
____ change dates of service

ISA NAME/PROGRAM: (should be same as name indicated on allocation account)

TRANSACTION AMOUNT: \$ _____

EFFECTIVE DATE OF ISA: _____ / _____ / _____

FROM BUYER FUND: _____ BUYER ACCOUNT: _____ SUB: _____

ACCOUNTING TRANSACTIONS ATTACHED:

____ ASTA (to establish new account for Seller)

____ Allocation Account (AC) (transfers obligation ceiling or modifies current ceiling)

____ OTHER: _____

TOTAL MAXIMUM OBLIGATION OF ISA: \$ _____

TERMINATION DATE OF ISA: _____ / _____ / _____

TO SELLER FUND: _____ SELLER ACCOUNT: _____ SUB: _____

SUPPORTING DOCUMENTATION ATTACHED:

____ This ISA is less than or equal to \$250,000.00. Documentation is contained on this Authorization Form. (If Departments choose to complete additional supporting documentation, this documentation must also be attached.)

____ This ISA is greater than \$250,000.00. Complete supporting documentation is attached.

Are any other departments in addition to the named Buyer and Seller involved, or required for the performance of this ISA? ____ NO ____ Yes.
If Yes, explain involvement: _____

If the performance of this ISA is dependent upon the performance of a third department, this department should sign below:

Authorized Signatory: X _____

Print Name: _____

Title: _____ Date: _____